Patient Care Review

2LT Emily Tarleton

17 November 2000

MNT Basic

Preceptor: Cpt. Kaefer

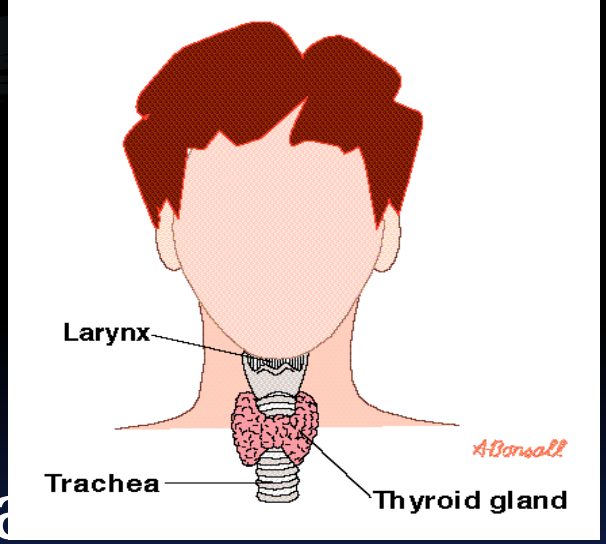
Patient Information

- Identification: L.K.
- 68 yo AA Male
- Date of Admission: 23 October 2000
- Chief Complaint: Laryngeal Cancer
- Diagnosis: SCCA of left TVC, partial laryngectomy (5 Nov 00), dental extractions (5 Nov 00), Tracheotomy (5 Nov)
- WRAMC MNT Care Plan: Enteral Tube Feeding in Adults

History

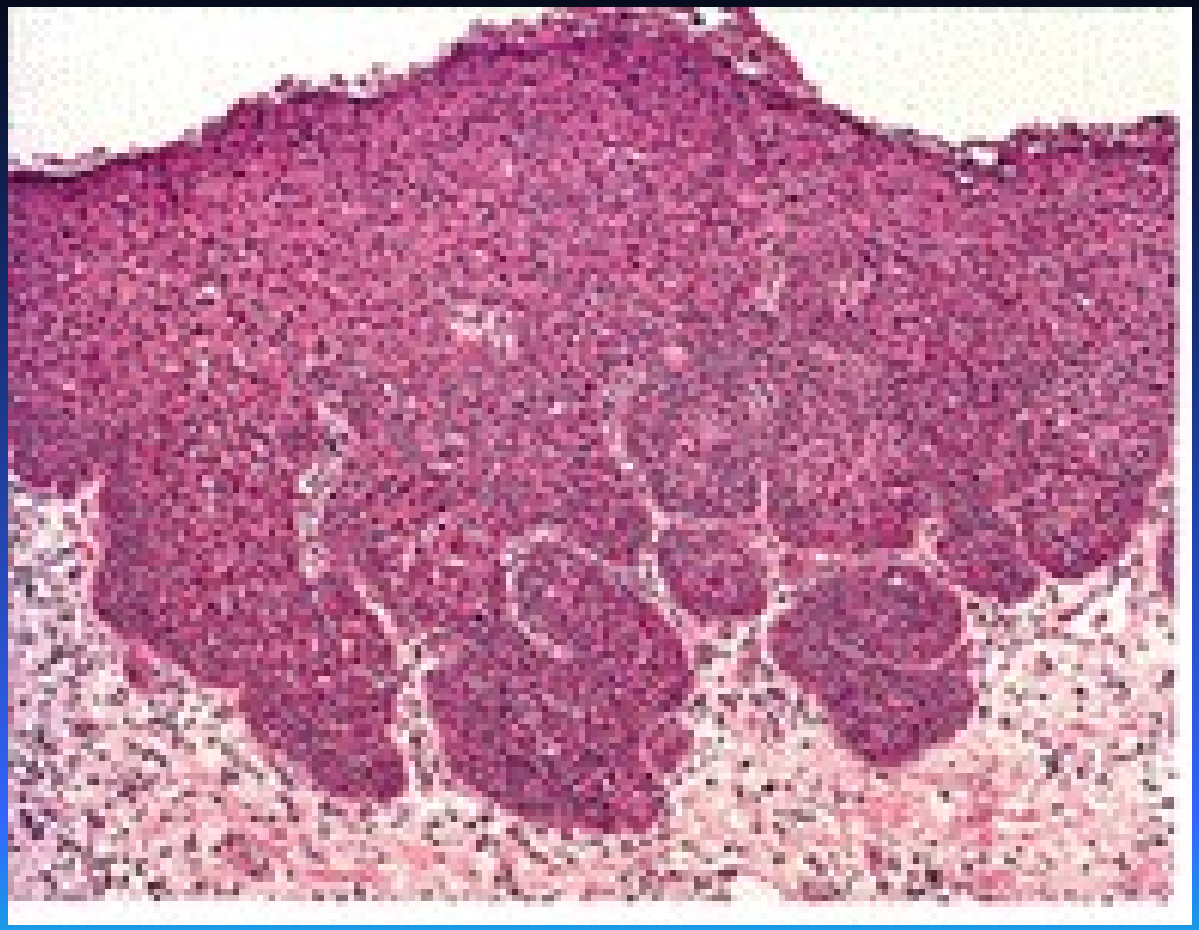
- Adult Illnesses: HTN, PVD
- Surgical Hx: Aortobifemoral bypass (1994), cataract surgery
- Tobacco: 1 PPD for 50 yrs
- Alcohol: Social, 1-3x per month

Laryngeal Cancer



- Squamous Cell Carcinoma
  - The most common malignant neoplasm of the larynx (95%).
  - Also the most common malignancy of the head and neck.
  - True vocal cords, epiglottis, and sinus area are the most common sites of origin.
  - Higher incidence in males.

Squamous Cell Carcinoma of the Larynx



Laryngeal Cancer

- Causes
  - Alcohol
  - Smoking
  - Poor Nutrition
  - GERD
  - Weak Immune System
  - Gender
  - Age
  - Race

- Symptoms
  - Sore throat
  - Slowly developing hoarseness of voice
  - Painful Swallowing
  - Ear Pain
  - Lump in neck
  - Trouble Breathing
  - Unplanned weight loss

Treatment

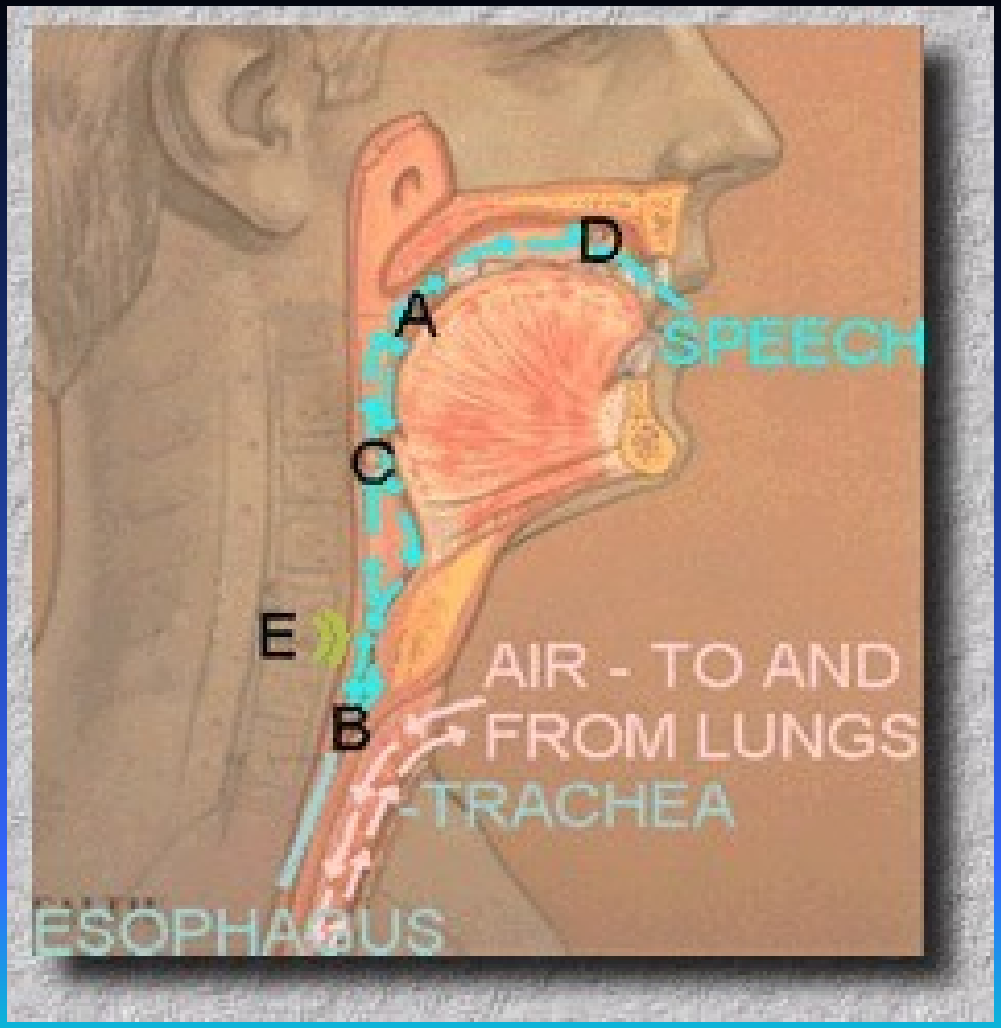
- Radiation Therapy - early detection results in a 5 yr survival rate of 85-95%.
- Partial or Total Laryngectomy - advanced carcinoma
- Chemotherapy – advanced carcinoma, spread too far to be treated with surgery and radiation

No one can predict how the pt will respond to tx.

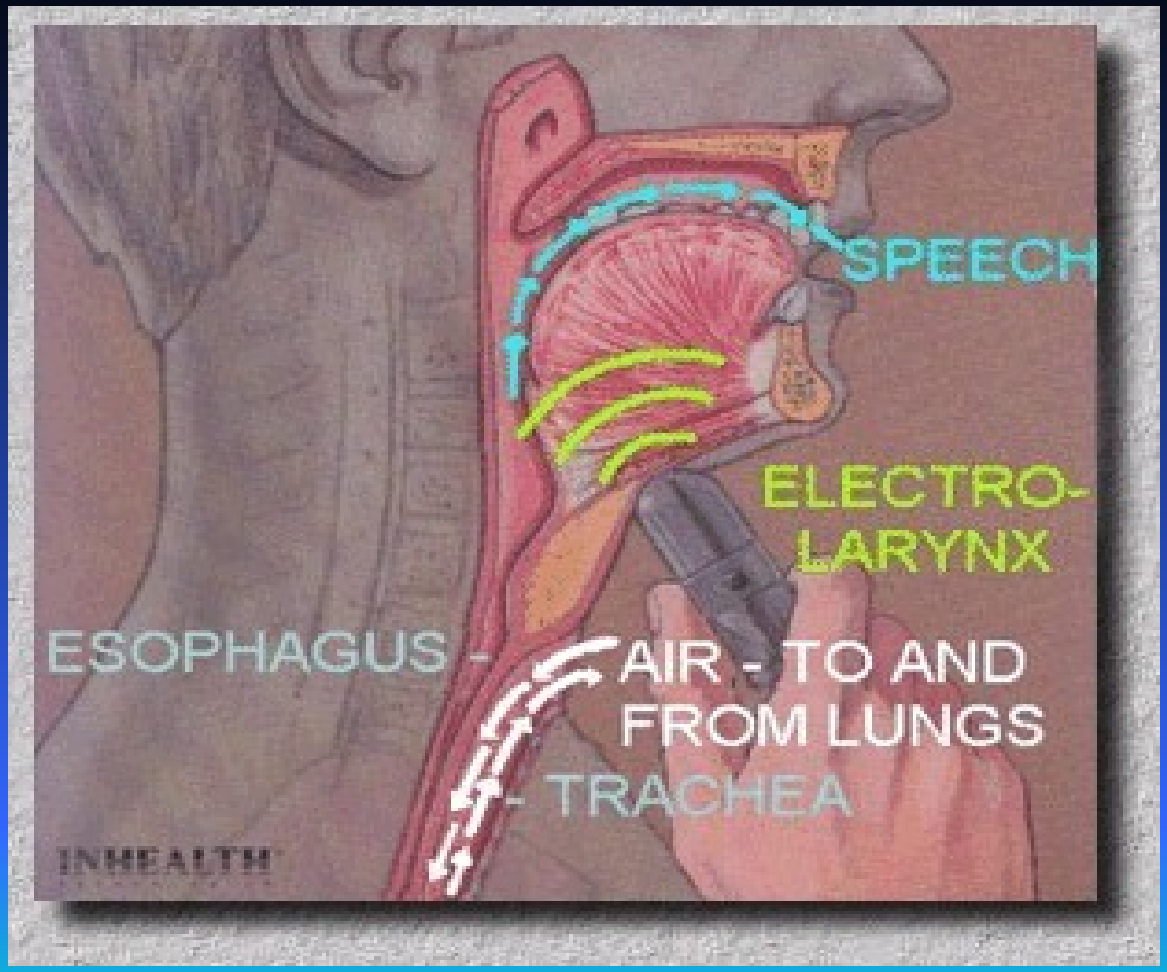
Laryngectomy

- Broad term used for the surgical removal of the larynx, most frequently because of malignancy.
- Total laryngectomy involves the true cord.
- Partial laryngectomy, or conservation laryngectomy, leave portions of the larynx still intact. Does not involve the true vocal cords.

Tracheotomy



Speech Alteration



Nutritional Implications of Surgery

- Swallowing Problems
- Chewing Problems
- Loss of Appetite

Physical Exam

- Age: 68
- UBW: 155# (70kg)
- Ht: 5’7.5” (172 in.)
- DBW: 142-151# (67-73kg)
- Current Wt: 144# (65.5kg)

Energy Needs

- BEE – 1358 kcal/day
- S.F. – 1.0-1.1
- A.F. – 1.2
- PRO – 1.0-1.2 g/kg
- Total Protein Needs: 65-80 g/kg
- Total Energy Needs – 1630-1793 kcal/day

Diet Order

- On Admission: Regular diet before surgery
- 1 day NPO (4 Nov 00)
- Tube Feed: Promote with Fiber @ 80cc/hr (6 Nov 00)
- Bolus Feed: Promote with Fiber, 480cc q 8hrs (8 Nov 00)
- Revised Bolus Feed: Ultracal, 320cc q 4 hrs, 100cc water flush after each feed

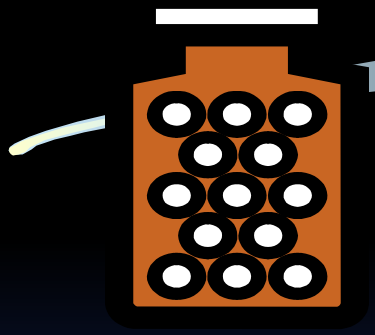
Comparison of Orders

Estimated kcal needs = 1630-1793
Estimated PRO needs = 65-80g/kg

Tube Feed:	Bolus Feed:	Revised Feed:
Promote with Fiber	Promote with Fiber	Ultracal
kcal: 1920/day	kcal: 1440/day	kcal: 1920/day
PRO: 119g (1.8g/kg)	PRO: 89g (1.4g/kg)	PRO: 86g (1.3g/kg)

Diet Order Continued

- Full Liquid, Ensure PRN (9 Nov 00)
- Soft, Mechanical Diet (13 Nov 00)
- Regular (14 Nov 00)



Medications

Hydrochlorothiazide	Antihypertensive Diuretic	K-Depleting Inc. Glucose
Tenormin	Antihypertensive	N/V Dizziness
Augmentin	Antibiotic	Diarrhea
Peridex	Mouth Wash	

Labs

Lab			Normal Value
Albumin	2.9 3 Nov 00	2.8 9 Nov 00	3.5-5.0 Mg/dL
Prealbumin	15.0 8 Nov 00		20-40 Mg/dL

Nutritional Diagnostic Statement

- Pt is not currently at risk for protein energy malnutrition due to adequate po intake prior to and after surgery, 100% UBW, and 100% DBW.

MNT Care Plan

- Goal of Therapy: Minimize feeding complications, prevent deterioration of nutrition status, and facilitate transition from enteral tube to oral feeding.
- Plan: Continue to monitor pt's nutritional status and make recommendations for advancing pt diet order as indicated.

Outcomes of Care

- Potential Health Outcomes: Maintain and improve pt nutritional status and overall health.
- Potential Resources Saved: Decreased length of hospitalization and therefore decreased use of hospital and patient resources.

Questions?